

# ITNS Membership Application

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INTERNATIONAL  
TRANSPLANT  
NURSES  
SOCIETY

## Contact Information

Name: \_\_\_\_\_

Degree/Certifications: \_\_\_\_\_

I heard about ITNS through:  Colleague  ITNS website

ISHLT  ANNA  ATC  NATCO  EDTNA

Transplant Games  Contemporary Forums

Preferred Mailing Address:  Home  Work

Preferred E-Mail Address: \_\_\_\_\_

### Home address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Work address:

Hospital/Company: \_\_\_\_\_

Position: \_\_\_\_\_

Dept/Div: \_\_\_\_\_

Bldg/Room: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## Membership Dues Payment in U.S. Funds Only

**ACTIVE RN** \$75/year \$200/three years (circle one)  
(All RNs. All Active members are entitled to vote, hold office and serve on committees at the international level.)

**ASSOCIATE** \$50/year \$135/three years (circle one)  
(Any health professional involved in transplantation. Associate members are not entitled to vote, hold office or serve on committees on an international level but may participate in these activities in local ITNS chapters.)

Check  VISA  MasterCard  
# \_\_\_\_\_ Expiry \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

## Demographic Information

1. How many years have you been a nurse?

< 2  2-3  4-5  6-10  11-19  > 20

2. How many years in Transplantation?

< 2  2-3  4-5  6-10  11-15  
 16-20  > 20

3. Work setting?

University Affiliated  Military  
 Government  Community/Private  
 Academic  Registry  
 Organ Procurement  Other: \_\_\_\_\_

4. Number of beds in your institution?

< 150  150-299  300-449  
 450-599  > 600

5. Area of employment?

Transplant Unit  Clinical Research  ICU  
 Outpatient  Pediatrics  Other: \_\_\_\_\_

6. Your position?

Staff Nurse  Charge/Team Leader  
 Head/Assistant Head Nurse  Nursing Admin  
 Supervisor  Transplant Coordinator  
 In Service/Staff Development  Instructor  
 Clinical Nurse Specialist/Clinician  
 Nurse Practitioner  Other: \_\_\_\_\_

7. Which organ/tissue recipients do you care for?

Liver  Renal  Heart  Lung  
 Bone Marrow  Pancreas  Islet Cell  
 Small Bowel  Other: \_\_\_\_\_

8. Highest level of nursing education?

Student  LVN/LPN  RN  RN ADN  
 RN BS  RN BSN  RN Diploma  Masters Degree  
 NP  Doctorate

9. Do you care for pediatric recipients?  Yes  No

ITNS occasionally provides or sells its membership list strictly for the dissemination of transplant-related educational announcements. If you would not like to receive this type of information, please place an 'X' in the box and your name will not be included when our list is distributed to other organizations and transplant-related companies.

Please send me information on the closest local ITNS

USA  Canada  Europe  Starting a Chapter

I am also a member of:  AACN  ANNA  EDTNA

ETCO  ISHLT  NATCO  ONS

Sigma Theta Tau  Other: \_\_\_\_\_



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